PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD **Application or Docket Number** Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR **SMALL ENTITY SMALL ENTITY** (Column 1) (Column 2) **NUMBER FILED NUMBER EXTRA** RATE **RATE** FEE **FEE BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR **TOTAL** * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) **SMALL ENTITY SMALL ENTITY** CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST $\mathbf{\omega}$ **REMAINING** NUMBER **PRESENT** RATE ADDI-RATE ADDI-ENDMENT AFTER **PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT** PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-ENDMENT **PREVIOUSLY EXTRA** AFTER **TIONAL TIONAL AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should e sent to the Chief Information Officer and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

1-01-2

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 09/453,526

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS							ſ	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						i	TOTAL	380,00	OR	TOTAL		
7/28/00 (Column 1) (Column 2) (Column 3)							SMALLE	***	OR	OTHER SMALL	1	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 57	Minus	** (20.	- 37		X\$ 9=	333	OR	X\$18=	
	Independent	. 14	Minus	***	<u>3</u>	= //		X42=	429	OR	X84 =	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDEN	I CLAIM		J [+140=		OR	+280=	•
							ı	TOTAL ADDIT, FEE	762	OR	TOTAL ADDIT. FEE	
2/10/04 (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 38	Minus	** (57	= —		X\$ 9=		OR	X\$18=	
	Independent	* 15	Minus	*##	14	= /	$\ \ $	X42=	42	OR	X84=	
	PIRST PRESCI	NIATION OF M	OLITE DEF	ENDEN	T COAIM		_	+140=		OR	+280=	_
	, ,							TOTAL ADDIT. FEE	42.	OR	TOTAL ADDIT. FEE	
9/3/04 (Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 40	Minus	PR	51	=		X\$ 9=		OR	X\$18=	
AME	Independent	· 15	Minus	***	15	=	41	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDER	VI CLAIM		J	140=		OR	+280=	
**	If the entry in colu If the "Highest Nu	TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT, FEE							
***	if the "Highest Nu The "Highest Num	mber Previously F nber Previously Pa	Paid For IN THI aid For (Total o	S SPACE r Indepen	E is less that Ident) is th	an 3, enter "3." e highest numb			propriate bo	in a		